the alcoholic patient and that most work on the problem take place in programs allied with industry as well as within the mental hospital setting. Additional experimental work might be done through consultations to the jail system providing therapy and treatment during protective custody.

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Electrosleep Therapy: Current Usage in Psychiatry

ELECTROSLEEP THERAPY has been in extensive clinical use for a variety of psychiatric syndromes during the past 20 years in Russia and Central Europe. Few double-blind, controlled studies were done and therapeutic efficacy has been difficult to evaluate. From recent controlled studies it is highly suggestive that this safe and simple means of treatment is effective for chronic anxiety, tensional states with associated insomnia.

Treatments usually last 30 minutes and consist of a low voltage, pulsating direct current administered from an Electrosone® 50 unit via electrodes over the eyes and mastoid processes. The average course of treatments varies from five to ten given over a period of two or three weeks. Some patients may require maintenance treatments given at varying intervals as determined by recurrence of symptoms. Side effects are minimal with no known absolute contraindications except that some patients with primary depressive disease may decompensate and become actively suicidal. Thus, electrosleep therapy should not be the treatment of choice in this disorder and should be used with caution if this diagnosis is suspected.

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Rosenthal SH, Wulfsohn NL: Electrosleep—A clinical trial. Am J Psychiatry 127:533-534, Oct 1970

Feighner JP, Brown SL, Olivier JE: Electrosleep therapy—A controlled double blind study. In press

Biofeedback Training in Voluntary Control of EEG Alpha Rhythms

INDIVIDUALS CAN BE trained to increase or decrease the percent time of alpha in their electroencephalogram by a technique of providing the subject with a tone that varies in loudness or pitch exactly as the amplitude of the alpha rhythm varies. The subject is told to explore the relationship between various states of mind and the variations in the tone, and that he should try to find those states of mind that keep the tone loud or quiet.

The high amplitude alpha state appears to be associated with quiet, alert, calm states of consciousness. The applicability of this technique in psychiatric treatment is being considered.

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Tart C (Ed): Operant control of the EEG alpha rhythm and some of its reported effects on consciousness, *In* Altered States of Consciousness. New York, Wiley, 1969

The Psychophysiology of Sleep

CONTINUOUS NOCTURNAL MONITORING of electroencephalogram, eye movement and other variables has considerably extended our knowledge of the psychophysiology of sleep. The sleep EEG shows greater change with age than does any other measure of brain function. These changes may prove of clinical (diagnostic) value during the earliest months of life and in the normal and senile aged. Also of direct clinical relevance are the findings in narcolepsy; for many patients, the narcoleptic attack is an attack of rapid eye movemen (REM) sleep. Drugs which are effective in delaying the onset of (amphetamines) or of suppressing (tricyclic antidepressants) REM sleep are of value in treating some aspects of the narcoleptic syndromes. The autonomic instability of REM sleep has led several investigators to speculate that REM processes may contribute to cardiovascular disorders in susceptible patients. The